

Joseph LaTorre, Florida Licensed Massage Therapist, MA31587  
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### Release Form for Minors Seeking Therapeutic Services

All persons under the age of 18 are required to have a parent or guardian fill out this form. By signing below, you agree that you are the parent or legal guardian of the minor receiving treatment(s) of massage therapy and bodywork. You understand that you are required to remain present on the premises for the entirety of the minor's treatment(s). You will also be required, if needed, to assist the minor in preparing for his/her treatment(s). We may also request that you remain in the treatment room to supervise all interactions between the therapist and the minor. You also agree that you have completed the Intake Form and have informed the therapist of all medical diagnoses, symptoms, medications, and complaints associated with the minor receiving treatment(s).

PLEASE PRINT CLEARLY:

I \_\_\_\_\_, certify that I am the parent or legal guardian of \_\_\_\_\_, who is \_\_\_\_\_ years of age as of today. I have completed the Intake Form for the above-mentioned minor and informed the therapist of all relevant medical history and concerns. I understand the scope of massage therapy and that it is not meant to diagnose, treat, or cure any conditions and is not a replacement for standard medical care. I give permission for my minor child to receive treatment(s) by Joseph LaTorre and agree to all the above terms.

Print Name \_\_\_\_\_

Signature \_\_\_\_\_

Date: \_\_\_\_/\_\_\_\_/\_\_\_\_